|         | In support of this application | ı, I provid | e the follo | wing info  | rmation:    |               |     |
|---------|--------------------------------|-------------|-------------|------------|-------------|---------------|-----|
| 1.      | Are you presently employed     | ?           |             | Yes        | X No_       | <del></del>   |     |
| If your | answer is "yes," state both yo | our gross a | and net sa  | lary or wa | ges per mor | nth, and give | the |
| name a  | and address of your employer:  | W           | nka         | NOUS       | Comp        | encati        | かん  |
| Gross:  | flore                          |             | et:         |            |             |               |     |
| Emplo   | yer: Rodes E                   | Expr        | OSS         | CHI        | ARTER       | <             |     |
| 32      | R6 Phelen A                    | lue         | Syr         | JOSE E     | CA          | 95//=         | >   |

If the answer is "no," state the date of last employment and the amount of the gross and net salary

| 1  | and wages   | per month which you received.               |   |
|----|-------------|---|---|
| 2  |             |   |   |
| 3  |             |   |   |
| 4  |             |   |   |
| 5  | 2. Hav      | ve you received, within the past twelve (1  | 2) months, any money from any of the      |
| 6  | following s | sources:                                    |   |
| 7  | a.          | Business, Profession or                     | Yes No <del>X</del>                       |
| 8  |             | self employment?                            |   |
| 9  | ъ.          | Income from stocks, bonds,                  | Yes No <u></u>                            |
| 10 |             | or royalties?                               |   |
| 11 | c.          | Rent payments?                              | Yes No <del></del><br>Yes No <del></del>  |
| 12 | d.          | Pensions, annuities, or                     | Yes No 🔀                                  |
| 13 |             | life insurance payments?                    |   |
| 14 | e.          | Federal or State welfare payments,          | Yes No <del></del>                        |
| 15 |             | Social Security or other govern-            |   |
| 16 |             | ment source?                                |   |
| 17 | If the answ | er is "yes" to any of the above, describe e | each source of money and state the amount |
| 18 | received fr | om each,                                    |   |
| 19 |             |   |   |
| 20 |             |   |   |
| 21 | 3. Are      | you married?                                | Yes No 🔀                                  |
| 22 | Spouse's F  | ull Name:                                   |   |
| 23 | Spouse's P  | lace of Employment:                         |   |
| 24 | Spouse's N  | fonthly Salary, Wages or Income:            |   |
| 25 | Gross \$    | Net \$                                      |   |
| 26 | 4. a.       | List amount you contribute to your s        | pouse's support:\$                        |
| 27 | b.          | List the persons other than your spou       | se who are dependent upon you for support |
| 28 |             | and indicate how much you contribute        | te toward their support. (NOTE: For minor |
|    | I           |   |   |

| 2.   | Hav        | e you received, within the past twelve (12)    | months, any money from any of the  |
|------|------------|--|--|
| fol  | lowing so  | ources:  |  |
|      | a.         | Business, Profession or                        | Yes No <u> </u>  |
|      |            | self employment?                               |  |
|      | b.         | Income from stocks, bonds,                     | Yes No <u></u>   |
|      |            | or royalties?                                  |  |
|      | c.         | Rent payments?                                 | Yes No <u></u>   |
|      | d.         | Pensions, annuities, or                        | Yes No 🔀   |
|      |            | life insurance payments?                       |  |
|      | e.         | Federal or State welfare payments,             | Yes No <u> </u>  |
|      |            | Social Security or other govern-               |  |
|      |            | ment source?                                   |  |
| If t | the answe  | er is "yes" to any of the above, describe each | h source of money and state the amount   |
| rec  | eived fro  | m each.  |  |
|      |            |  |  |
|      |            |  |  |
| 3.   | Are        | you married?                                   | Yes No 🔀   |
| _    | ouse's Fu  | ll Name:                                       |  |
| Sp   | ouse's Pla | ace of Employment:                             | 10 10 To |
|      |            | onthly Salary, Wages or Income:                |  |
| Sp   |            | ontiny batary, wages of meonic.                |  |
| Sp.  | ouse's M   | Net \$   |  |
| Sp.  | ouse's Mo  |  |  |

| 5. Do you own or are you b  | uying a home?  | Yes                                   | _ No <u>×</u>                          |
|---|--|---------------------------------------|--|
| Estimated Market Value: \$  | Amount of I  | Mortgage: \$                          | S                                      |
| 6. Do you own an automobi   | ile?   | Yes                                   | No 🔀                                   |
| Make Ye   | ear Mo   | del                                   |  |
| Is it financed? Yes No  | If so, Total due: \$   |                                       |  |
| Monthly Payment: \$   |  | r                                     |  |
| 7. Do you have a bank acco  | unt? Yes No 之  | (Do <u>not</u>                        | include account numbers.               |
| Name(s) and address(es) of bank   | c;   |                                       |  |
|   |  |                                       |  |
|   |  | · · · · · · · · · · · · · · · · · · · |  |
| Present halance(s): \$  |  |                                       | 77.3                                   |
| Present halance(s): \$  |  | &                                     | 70.00                                  |
|   | ,<br>No Amount: \$   |                                       | ach asset and its estimated            |
| Present balance(s): \$  Do you own any cash? Yes  | ,<br>No Amount: \$   |                                       |  |
| Present balance(s): \$  Do you own any cash? Yes \( \sum_{\text{output}} \)  Do you have any other assets? (  | ,<br>No Amount: \$   |                                       | ach asset and its estimated            |
| Present balance(s): \$  Do you own any cash? Yes \( \sum_{\text{present}} \)  Do you have any other assets? (market value.)  8. What are your monthly expressions are supplied to the second of t | No Amount: \$ If "yes," provide a descr  | iption of ea                          | Yes No                                 |
| Present balance(s): \$  Do you own any cash? Yes \( \sumset \)  Do you have any other assets? ( market value.)  | No Amount: \$ If "yes," provide a descr  | iption of ea                          | ach asset and its estimated            |
| Present balance(s): \$  Do you own any cash? Yes \( \sum_{\text{present}} \)  Do you have any other assets? (market value.)  8. What are your monthly expressions are supplied to the second of t | No Amount: \$  If "yes," provide a description of the content  | iption of each                        | Yes No                                 |
| Present balance(s): \$  Do you own any cash? Yes \( \sum_{\text{present}} \)  Do you have any other assets? ( market value.)  8. What are your monthly e  Rent: \$  Rent: \$  Max.  | No Amount: \$  If "yes," provide a description of the content  | iption of each                        | Yes No                                 |
| Present balance(s): \$  Do you own any cash? Yes \( \sumarket \)  Bo you have any other assets? (market value.)  8. What are your monthly expended to the content of t | No Amount: \$  If "yes," provide a description of the content  | iption of e                           | Yes No                                 |
| Present balance(s): \$  Do you own any cash? Yes \( \sumarket \)  Do you have any other assets? (market value.)  8. What are your monthly expended to the content of t | No Amount: \$ If "yes," provide a description of the second s | iption of ea                          | Yes No                                 |
| Present balance(s): \$  | No Amount: \$ If "yes," provide a description of the second s | iption of experience   \$             | Yes No  Howald  Total Owed on This Acc |
| Present balance(s): \$  | No Amount: \$ If "yes," provide a description of the control o | iption of experience   \$             | Yes No  Howald  Total Owed on This Acc |

| children, list only their initials and ag                 | es. DO NOT INCLUDE THEIR NAMES.)                 |
|---|--|
|   |  |
|   |  |
| 5. Do you own or are you buying a home?                   | Yes No 🔀   |
| Estimated Market Value: \$ Amount                         | of Mortgage: \$                                  |
| 6. Do you own an automobile?                              | Yes No 🔀   |
| Make Year   | Model  |
| Is it financed? Yes No If so, Total do                    | ne: \$   |
| Monthly Payment: \$                                       | ^  |
| 7. Do you have a bank account? Yes No                     | $\sum$ (Do <u>not</u> include account numbers.)  |
| Name(s) and address(es) of bank:                          |  |
|   |  |
| Present balance(s): \$                                    | - A) d h a                                       |
| Do you own any cash? Yes Yo Amoun                         | t: \$  |
| Do you have any other assets? (If "yes," provide a d      | escription of each asset and its estimated       |
| market value.)  | Yes No   |
|   |  |
| 8. What are your monthly expenses?                        |  |
| Rent: \$ 700 Keath Utilities                              | : 100 + Moath                                    |
| Food: \$ Clothin  | g:   |
| Charge Accounts:  |  |
| Name of Account Monthly Payment                           | Total Owed on This Accour                        |
| <u> </u>  | \$   |
| \$\$  | \$ <u>·                                     </u> |
| \$\$  | \$   |
| 9. Do you have any other debts? (List current             |  |
| they are payable. Do <u>not</u> include account numbers.) |  |
| B   |  |
|   |  |

| 1        |   |
|----------|---|
| 2        | 10. Does the complaint which you are seeking to file raise claims that have been presented in       |
| ,3       | other lawsuits? Yes No  |
| 4        | Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in    |
| 5        | which they were filed.  |
| 6        |   |
| 7.       |   |
| 8        | I declare under the penalty of perjury that the foregoing is true and correct and understand that a |
| 9        | false statement herein may result in the dismissal of my claims.                                    |
| 10       | 7-11-08 (Meles 18) Degar  |
| 11       |   |
| 12       | DATE SIGNATURE OF APPLICANT '   |
| 13<br>14 |   |
| 15       |   |
| 16       |   |
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